

Date Received ____/____/____

Date Reviewed ____/____/____

**HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES
HOUSTON HIV PREVENTION COMMUNITY PLANNING GROUP (HHPCPG)**

NOMINATION FORM

The Houston Department of Health and Human Services (HDHHS) HIV Prevention Planning Program is accepting nominations for the Houston HIV Prevention Planning Community Planning Group (HHPCPG). You may submit the name of someone you recommend to serve on the planning group or nominate yourself. Please complete the information below as accurately and completely as possible (attach a separate sheet if needed). Please attach a current resume. Nominations for the following positions will be accepted (positions may or may not be currently open for appointment): *Persons with Physical Disabilities, Substance Abuse, Sex Workers, Spiritual Issues, Mental Health Issues, Incarcerated/Criminal Justice Issues, HIV Prevention Workers, Female HIV Infected PWA's, Male HIV Infected PWA's, Gay/Lesbian/Bisexual, Transgender, Minority Men, Minority Women, Juvenile Justice System and Youth.*

Name: _____ Date of Birth ____/____/____

Residence Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

Occupation: _____ Employer: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____ Email: _____

Race/Ethnicity:☐ African American☐ White☐ Hispanic☐ Asian☐ Native American☐ Other

Gender:☐ Male☐ Female☐ Transgender**Sexual Orientation:**☐ Bisexual☐ Heterosexual☐ Homosexual☐ Other**HIV Status (Optional):**☐ HIV negative☐ HIV Positive☐ Unknown☐ Undisclosed

1. Describe your experience or expertise, through work or as a volunteer in the area of HIV/AIDS prevention and education or other health related areas. Please indicate your years of experience.

2. Please list area(s) of specialized skills or expertise, which are not related to HIV/AIDS.

3. Please list any formal education or training. (This may or may not be related to HIV/AIDS).

4. Name any community organizations, associations or groups with which you have worked within the last 5 years.

5. Name any community organizations, associations or groups with which you are currently affiliated.

6. Please indicate three area's of expertise or representation (one being your major and two being your minor) that you would consider yourself qualified to represent based on personal or professional experience. Please explain why you made each selection.

- ☐ Male HIV Infected PWA
- ☐ Female HIV Infected PWA
- ☐ Youth
- ☐ Substance Abuse
- ☐ Sex Workers
- ☐ Spiritual Issues
- ☐ Minority Men

- ☐ Person with Physical Disabilities
- ☐ Juvenile Justice System
- ☐ Incarcerated/Criminal Justice System
- ☐ Mental Health Issues
- ☐ HIV Prevention Workers
- ☐ Gay/Lesbian/Bisexual/Transgender
- ☐ Minority Women

7. Explain briefly why you want to become a member of the Houston HIV Prevention Community Planning Group and what strengths you will bring to the group (attach a separate sheet of paper if needed).

8. Please list the names, addresses, and telephone number of three references.

Signature _____ Date ____/____/____

Please mail the completed nomination form to:
Bureau of HIV/STD Prevention
Houston Department of Health and Human Services
8000 N. Stadium Dr, 5th Floor
Houston TX 77054
Fax: (713) 558-2493
For information, please call (713) 794-9092